

Department of Public Health and Human Services

Money Follows the Person

SECTION SERVICES

SUBJECT MFP Peer Support Services

REFERENCES: New Demonstration Services – defined in the Operational Protocol

DEFINITION

MFP peer supporters have a different role than MFP companions. More than socialization, qualified peer supporters work with consumers and family members to introduce them into the culture of home and community based supports. A peer supporter serves as a participant advocate and provides participant information and support from a peer perspective.

MFP Peer Support Services consist of non-clinical assistance from a qualified peer supporter to help an MFP participant achieve long-term recovery. Recovery includes helping an individual with a mental illness, substance use disorder, or disability live, work, learn, and participate fully in the community. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability; for others, recovery implies the reduction or complete remission of symptoms.

See “Expanded Overview” for more information about the role of peer supporters.

Montana will partner with statewide networks to provide this service.

COMPETENCIES AND TRAINING

A peer supporter will have personal experience with mental illness, substance use disorder, or disability and will be well-grounded in recovery with practical experience about how to sustain recovery.

Peer supporters offer four kinds of supports:

- **Emotional support-** demonstrations of empathy, caring, and concern in such activities as peer mentoring and recovery coaching as well as recovery support groups;
- **Informational support-** provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration (e.g., voting rights, drivers licenses)
- **Instrumental support-** concrete assistance in task accomplishment (e.g., filling out applications, obtaining public benefits).
- **Affiliation support-** community integration opportunities to establish positive social connections with others in recovery so as to learn social and recreational skills.

The Peer Support Service is provided by a person who has completed an approved curriculum for peer support services and has been trained to assist others in initiating and maintaining long-term recovery

Department of Public Health and Human Services

Money Follows the Person

and enhancing the quality of life for individuals and their families. A peer support curriculum will be submitted to and approved by the department (see “Peer Support Services Curriculum Checklist”).

Peer Support Supervision Requirement:

A person who is providing peer support services to a participant with mental illness and/or substance use disorder must receive clinical supervision, support, and oversight by one of the following licensed professionals:

- Master’s level social worker (MSW)
- Licensed clinical social worker (LSCW)
- Licensed clinical professional counselor (LCPC)
- Clinical psychologist

The plan for clinical supervision must be included in the case management file.

Peer Support as Part of the HCBS Team:

The peer supporter will be part of the professional Home and Community Based Services (HCBS) team to promote a culture in which the peer’s point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.

Peer Support Continuing Education Requirement:

Anyone providing Peer Support Services will be required to meet the continuing education requirements established by the MT Peer Support Task Force. (20 hours every two years).

COVERED ACTIVITIES AND SERVICES

A participant will identify a peer supporter in the person-centered plan. MFP Peer Support Services will be delivered as identified in the person-centered plan. A case note is required to document each contact. Services are not crisis-management.

Activities under MFP Peer Support Services include:

- Promote a participant’s recovery plan, crisis plan, and person-centered plan;
- Help participant understand recovery is holistic (including mind, body, spirit);
- Serve as an advocate, mentor, or facilitator for the resolution of issues in order to enhance and improve the health of a peer and maintain the highest possible level of functioning in the community;
- Assist and educate participant to identify, access, and navigate community resources, services, and supports;
- Assist in goal development to ensure successful recovery and meet daily needs of living and working in the community;
- Connect participant to crisis intervention supports while teaching and demonstrating alternative ways of dealing with crisis;
- Restore personal, community living, and social skills;
- Develop participant’s advocacy skills in order for participant to take a proactive role in recovery;
- Encourage and support participation in mutual aid groups;

Department of Public Health and Human Services

Money Follows the Person

- Provide essential expertise and consultation to the HCBS team to promote a culture in which participant's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.

LIMITATIONS

This service will not duplicate other waiver or State Plan services.

Personal care, nursing, and other hands on services should be billed under the appropriate State Plan/CFC or waiver service.

The amount of this service approved and provided will vary based on the needs of the participant and limits will be defined within a participant's person-centered plan.

Peer support services cannot be provided by the consumer's legally responsible relatives or those family members who normally provide care.

Peer support providers are not therapists, licensed addiction counselors (LAC's), case managers, behavioral specialists, sponsors for 12-step programs, clergy members, nurses, or doctors.

Services are not crisis-management. Crisis management planning must be identified separately in the person-centered plan.

FEES

MFP Peer mentor/advocate services require prior authorization.

Unit of Service:	15 minutes
Rate:	\$10.00

PROCEDURE CODE/MODIFIER

T2012/UA

Department of Public Health and Human Services

Money Follows the Person

EXPANDED OVERVIEW

Peer Support Services are person-centered, recovery-focused services that promote empowerment, self-determination, and improved coping skills through recovery coaching, mentoring, and other supports that allow a person to achieve their goals for independent living, personal wellness, and recovery. Peer Support Services are delivered by people who have “lived experience” with mental illness, substance use disorder, or disability, either directly or as family members or significant others. This is a one-on-one relationship in which a peer supporter with more recovery experience than the participant encourages, motivates, and supports a participant who is seeking to establish recovery. The peer supporter volunteers to share portions of his/her recovery experience in an appropriate and effective manner that supports recovery efforts. The peer support relationship, although supportive of formal treatment, is not treatment in the commonly understood term. This is a relationship of equality and shared experience. It is intentionally coordinated, identifies specific goals, and is set for a designated period of time. Individuals who provide peer support services are well grounded in their recovery process and have completed a peer certification course approved by the Department of Public Health and Human Services (DPHHS). See *“Peer Support Services Curriculum Checklist”*.

Peer services are multi-faceted and include activities such as self-advocacy, education, support of meaningful activities of the individual’s choosing, effective use of community services, and coordination and linkage with community supports and providers and crisis intervention entities. The activities provided by this service promote the development and enhancement of positive coping skills; facilitate use of natural resources and community supports; and enhance recovery-oriented elements such as hope and self-efficacy. The services are coordinated within the context of a comprehensive, person-centered plan that includes specific individualized goals and delineates activities intended to achieve the identified goals.